## DEPARTMENT OF ADMINISTRATIVE SERVICES INTERNAL POLICIES AND PROCEDURES

Subj: EXERCISE AND HEALTH ACTIVITY

**Date: April 28, 2001** 

Ref: (a) Governor, State of Utah Memorandum dated 30 August 1993

\_\_\_\_\_

#### **Purpose:**

The beneficial effects of regular exercise and other health related activities such as routine checkups and participation in health fairs is well documented. Such activities can be a significant factor in preventing disease, lowering stress, improving one is mental state and outlook on life as well as improving the general quality of life. In the job setting this equates to greater productivity and reduced absenteeism. Therefore, this policy is established to encourage participation in activities that promote a healthy lifestyle by employees within the Department of Administrative Services.

#### **Policy:**

- 1. The Department of Administrative Services encourages all employees to engage in a <u>regular program</u> of aerobic exercise and health improvement. Aerobic exercise is defined as follows:
  - a. Raising the heart and breathing rates.
  - b. At least 25 to 30 continuous minutes of exercise.
- c. Exercise that increases the heart rate by 60 to 75 percent of its average maximum rate.
- 2. Employees may be granted up to 30 minutes a day for a maximum of three days per week to participate in an approved program of aerobic exercise. Employees may not enter into exercise agreements that shorten their work day by allowing them to come into work late or leave work early. Exercise agreements are subject to the following guidelines:
  - a. The anticipated program must include aerobic exercise as defined herein.

- b. Employees are encouraged to seek medical advice regarding type and vigor of their proposed exercise program.
- c. Employees must gain approval to participate in this policy from their division director or designee in advance. An agreement must be included in the employees personnel file that outlines the program to be followed and the general time of day that it will be accomplished. This agreement is to be signed by the employee and the employees immediate supervisor before being approved and signed by the division director. The exercise agreement must be renewed annually during June for the following fiscal year. See Attachment (1)
- d. The program of exercise must be approved by the division director or directors designee. Exercise programs such as structured aerobics, walking, jogging, or bicycling are examples of the types of exercise which qualify for approval.
- e. Participation in this program should normally be accomplished as an extension of the normal lunch hour. Exceptions can be granted on a case-by-case basis to allow an employee to extend their morning or afternoon break to accomplish their exercise program.
- f. Exercise time is not cumulative (time not used during the week cannot be carried over into the next week).
- g. Each month, participating employees shall complete an exercise log indicating the date, time and type of exercise they engaged in during their release time. See Attachment (2)
- h. Authorization to participate in this program may be revoked if the provisions of this program are violated, including repeated violation of the basic intent of the program which is to adopt a <u>regular</u> program of exercise to enhance and improve physical conditioning.
- i. Authorization to participate in this program will be revoked if it interferes with an employee=s ability to accomplish work assignments in a timely and accurate manner.
- 3. Only full-time employees with benefits are authorized to participate in this program.
- 4. Employees on formal corrective action are not eligible to participate in this program.
- 5. To ensure the department does not incur overtime costs unnecessarily, participation in this program will be suspended on weeks when an employee is working overtime.

- 6. Administrative leave time used by employees as part of their exercise program is considered non-work time. Employees assume all risks associated with participating in the department=s exercise program. Employees are not eligible for workers=compensation should they be injured while exercising.
- 7. Employees are urged to attend other health improvement activities such as health assessment workshops, stress management and smoking cessation seminars, and weight control programs. Division directors are encouraged to provide flexible scheduling and opportunities for employees to attend such programs. The reference states that employees may be authorized up to three hours release time annually for *Healthy Utah* assessments and workshops.

# DEPARTMENT OF ADMINISTRATIVE SERVICES Exercise Agreement

The Department of Administrativ	ve Services,		, grants
permission toEmployees Pr			
Employees Pr to promote the physical well-bein			
	General Pro	ovisions	
This exercise work release progra and Health Activity. The authori effect unless:	•	•	<u> </u>
a. there is a violation of defined in departmental policy; or	_	reement and/or the int	ent of the program as
b. the program is canceled authority.	d or otherwise deter	mined to be unauthoriz	zed by competent
It is intended that this program be lunch break. Exceptions may be warrant such action. The days ar are:	authorized by the d	ivision director should	special circumstances
Day of Week		Time	
			<del>_</del>
One-half hour per day for a maxi Exercise periods cannot be used t	•	-	as a part of this program.
	Certification and	Authorization	
By signing, I certify that I unders Exercise and Health Activity prog form. I consent to voluntarily pa designated exercise program. I w Administrative Services for any a from my participation in the depart	gram as addressed in rticipate in this pro vaive and release all and all injuries, ailn	n departmental policy a gram and assume all ri l rights and claims agai nents or other conseque	and on this agreement sks associated with my nst the Department of
Following is a brief description of	my intended exerci	ise program:	
Employee Signature	Date	Supervisor Sign	nature

Date

Division Director-s Signature	Date

### DEPARTMENT OF ADMINISTRATIVE SERVICES EXERCISE LOG

ployee Name:		Date: Month/Year	
Date	Time	Type of Exercise	
			_
			_
			-
tify that I have exe ement.	rcised during the a	forementioned times in accordance with my	' ex
Name			